

Agenda

- Work group updates
- COVID-19 impacts on Washington State
 - ▶ Office of Financial Management
 - Health Care Authority
 - ► Health Benefit Exchange
 - ► Office of the Insurance Commissioner
- COVID-19 response activities
- Potential considerations for the work group



Work group updates

What to expect amidst COVID-19



Work group updates

- Universal Health Care Work Group meetings are moving to Zoom.
- We may potentially add work sessions and extend due dates, if possible.
- We will continue to explore options that keep the work moving forward.
- Our primary goal is to deliver a high-quality product to the Washington State Legislature.



COVID-19 impacts to Washington State

How the pandemic is playing out in the state budget and economy, Medicaid enrollment, the Washington Health Benefit Exchange, and the commercial market



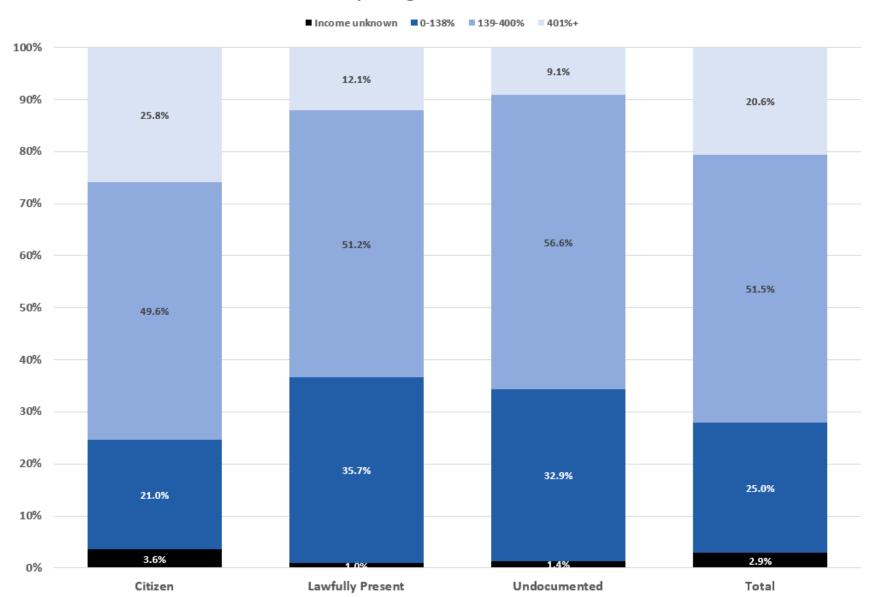


Unemployment

- Washington's unemployment rate increased to 15.4% in April from 5.1% in March and 3.8% in February. This was the highest jobless rate in Washington since the Great Depression.
- The total number of unemployed in April was 610,700.
- All major industry sectors, except information, posted significant job losses in April.
- The count of people receiving unemployment insurance benefits rose to record levels topping 575,000.

- Simulation is based on the 2018 American Community Survey 1-Year Public Use Microdata Sample file (ACS)
- Updated using
 - OFM population projections for 2019 and 2020
 - Weekly unemployment insurance (UI) claims in 2020
 - 2019 and 2020 Medicaid enrollment data
 - 2019 and 2020 Health Benefit Exchange enrollment data

Uninsured by Immigration Status and FPL, 2018



Immigration Status and Family Income Level of Washington State's Uninsured Population, 2018

Family Income as Percent of Federal Poverty Level

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Immigration Status	Income	0-138%	139-200%	201-300%	301-400%	401-500%	501%+	Total
	unknown							
Citizen	11,556	66,556	37,945	71,914	47,407	30,897	50,978	317,252
	3.6%	21.0%	12.0%	22.7%	14.9%	9.7%	16.1%	
Lawfully Present	334	11,793	3,992	7,649	5,274	1,584	2,404	33,031
	1.0%	35.7%	12.1%	23.2%	16.0%	4.8%	7.3%	
Undocumented	1,588	38,671	22,297	26,903	17,333	6,959	3,751	117,501
	1.4%	32.9%	19.0%	22.9%	14.8%	5.9%	3.2%	
Total	13,478	117,020	64,234	106,466	70,014	39,440	57,133	467,784
	2.9%	25.0%	13.7%	22.8%	15.0%	8.4%	12.2%	

Source: American Community Survey 2018 1-year PUMS with OFM adjustment for Medicaid enrollment.

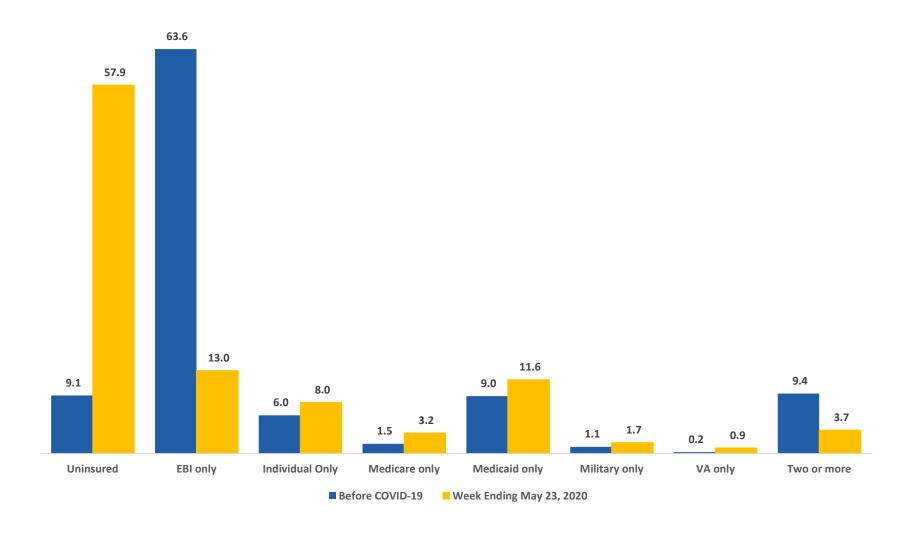
Uninsured Rates: Total Population and Adults 18-64



Data through May 23, 2020

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Of Newly Unemployed Workers in Washington, 58% Projected to Be Uninsured Source of Coverage (%) Before and After COVID-19 Outbreak



State Budgetary Challenges

- Recent events have put a strain on the Washington State budget
 - In the most recent unofficial state revenue forecast, revenues are projected to be \$7 billion lower than the previous revenue projection
 - This is due to decreased retail activity and consumer spending
- With reduced revenues, OFM has asked state agencies to take actions to protect state funds
 - State agencies have been asked to freeze hiring
 - State agencies have also been asked to provide options to the Governor on how they could save 15% of their General Fund State appropriation

OFM 6/9/2020



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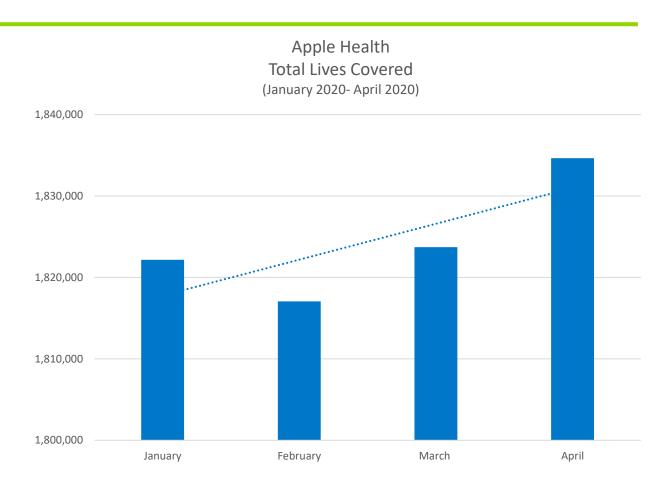
Jason Brown 360-902-0539

jason.brown@ofm.wa.gov



COVID-19 impacts on Medicaid enrollment

- Medicaid enrollment updates
 - ► Since April 1st:
 - > Over 50,000 new enrollees
 - On average 1,200-1,300 new enrollees each day (Mon.-Fri.)
 - ► Top five counties:
 - > King: 14,437 (28%)
 - > Pierce: 6,495 (13%)
 - > Snohomish: 5,316 (10%)
 - > Spokane: 4,287 (8%)
 - > Clark: 3,660 (7%)







Washington Health Benefit Exchange

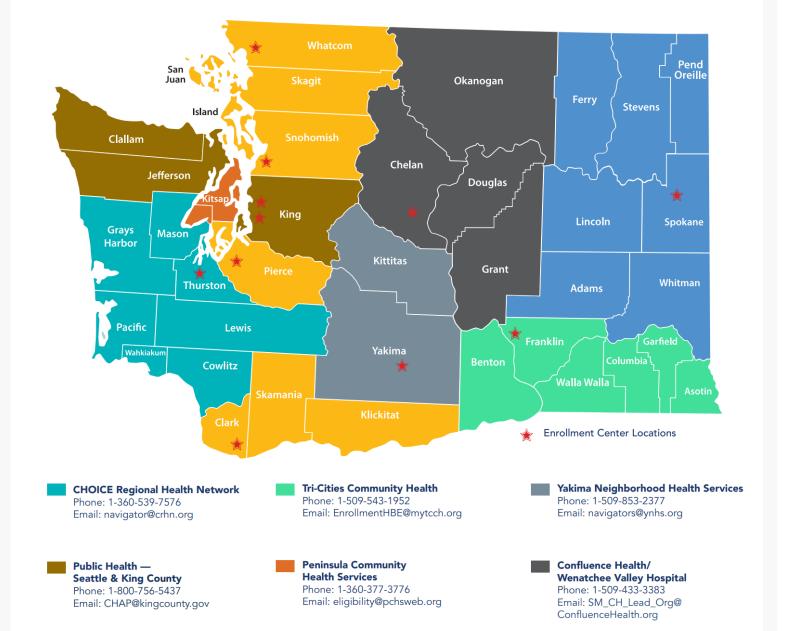
Universal Health Care Work Group

Joan Altman, Director of Government Affairs and Strategic Partnerships

Washington Health Benefit Exchange: Getting Health Coverage During COVID-19

- Opened a special enrollment period for individuals who are uninsured
- Launched a state-wide outreach and marketing campaign
- Leveraged flexibility provided to states to keep current enrollees covered
 - Worked with HCA to grant 90-day extensions to Medicaid enrollees who would normally have been terminated
 - Stopped termination of individuals with conditional eligibility who are enrolled in qualified health plans (QHPs)
- Partnered with HCA and OIC to inform waiver efforts (HCA) and emergency rulemaking (OIC) to help Exchange consumers
- Safely transitioned Exchange staff and customer support staff to remote work





SeaMar Community Health Clinics

Email: seamaripa@seamarchc.org

Phone: 1-855-289-4503

Better Health Together

Phone: 1-509-381-5566

Phone: 1-509-444-8200

Email: vivian@BetterHealthTogether.org

Statewide Enrollment Assistance

- Quickly implemented safety protocols & procedures
- Transitioned to virtual over-the-phone assistance
- Changes to outreach
- Evaluating Assister
 Network capacity leading up to OE8

Washington Health Benefit Exchange: Getting Health Coverage During COVID-19

- Focusing on: consumers losing their jobs; consumers who are furloughed; consumers who are filing for unemployment; consumers who are coming off COBRA
- Implementing system updates to accommodate federal changes
 - Includes new rules regarding reporting of unemployment income
- Monitoring market movement in response to COVID-19
 - Increased utilization of loss of coverage and loss of income special enrollment periods
 - Increased churn from qualified health plan coverage to Apple Health
- Discussing premium relief with OIC and carriers



Washington Health Benefit Exchange: Getting Health Coverage During COVID-19

- Partnering with Employment Security
- Speaking with employees and employers implementing lay-offs (e.g., Boeing, Port of Seattle, ALCOA, Labor Center)
- Developing sector specific materials (e.g., inserts, FAQs)
- Updating COVID Handouts and Partner Toolkits
 - Partner Toolkit: https://www.wahbexchange.org/coronavirus-faqs/covid-19-partner-toolkit/
 - COVID FAQ Handout: https://www.wahbexchange.org/wp-content/uploads/2020/04/COVID-19-FAQs FINAL.pdf
 - Frequently Asked Questions
 https://www.wahbexchange.org/coronavirus-faqs/



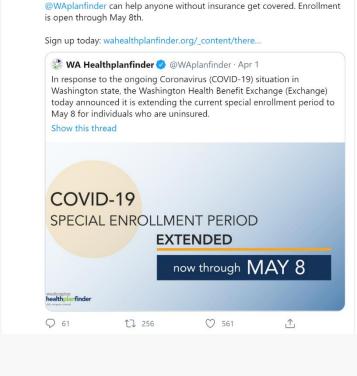












Access to affordable health care has never been more important. Many Washingtonians may lose their employer-based health plans.

Governor Jay Inslee 🤣 @GovInslee · Apr 6

SCENE #1: SLOW MOTION FOOTAGE OF CONCERNED



VISUAL DESC: WOMAN WEARS FACE MASK VISUALLY CONVEYING SPOT TO VIEWER AS

ANNOUNCER VO: NO MATTER IF YOU LOST HEALTH COVERAGE OR

SCENE #2: WOMAN'S EXPRESSION TRANSFORMS INTO RELIEF AS KEY MESSAGE AND EXCLAMATION ANIMATES INTO SCENE



HEALTHPLANFINDER CAN HELP YOU FIND, COMPARE, AND ENROLL IN A HEALTH PLAN DURING THESE TOUGH TIMES

SCENE #3: TYPOGRAPHY ANIMATES INTO KEY MESSAGES



VISUAL DESC: ENDS WITH BRAND EXPRESSION AND KEY MESSAGE CTA

ANNOUNCER VO: YOU MAY EVEN QUALIFY FOR FREE COVERAGE VISIT WAHEALTHPLANFINDER.ORG TO LEARN MORE

COVID-19 Campaign

Highlights:

Organic Reach since March 10 – May 8

- WA media (news releases) over 5M
- Facebook 3.8K weekly average
- Twitter 3K daily average

Paid Media reach:

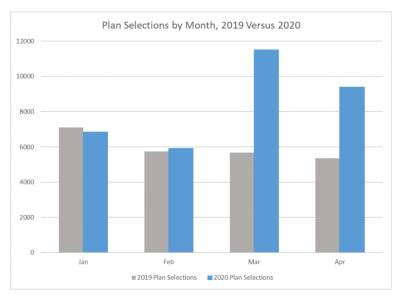
April 13 – May 8

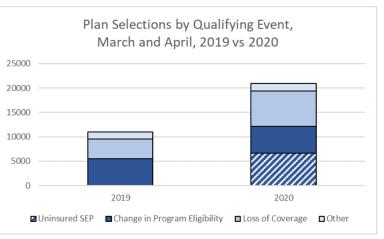
- Facebook/Instagram sponsored posts
- Native Article
- Digital ads
- **PSA**

Overall: 34M impressions

Exchange Special Enrollment Period

- The special enrollment period for the uninsured was from March 10 May 8
- ~22,000 consumers signed up for coverage during that time
 - 7,000 uninsured consumers through new SEP
 - 15,000 consumers signed up through existing/ongoing SEPs (e.g., job loss; change of income)
- Uninsured special enrollment report:
 - https://www.wahbexchange.org/wpcontent/uploads/2020/06/Suppleme ntal-report uninsured-FINAL.pdf

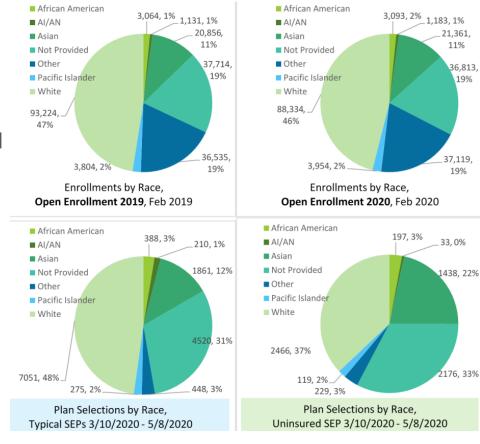






Exchange Special Enrollment Period

- Higher percentage of new customers
 - 75% new from March 10-May 8
 - Compared to 19% new during latest open-enrollment (OE7)
- Higher percentage of people of color used new Uninsured SEP
 - 22% Asian customers
 - Compared to 11% during latest openenrollment (OE7)
- Higher percentage of younger customers
 - 18-34 increased to 32% using Uninsured SEP and 34% using Typical SEPs
 - Compared to 24% during latest openenrollment (OE7)



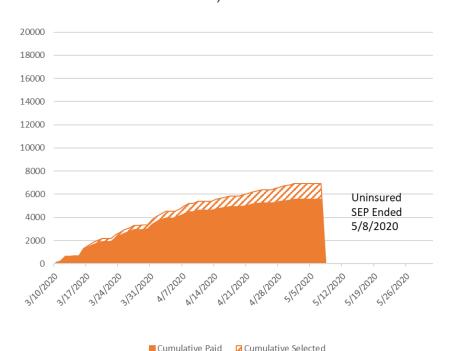


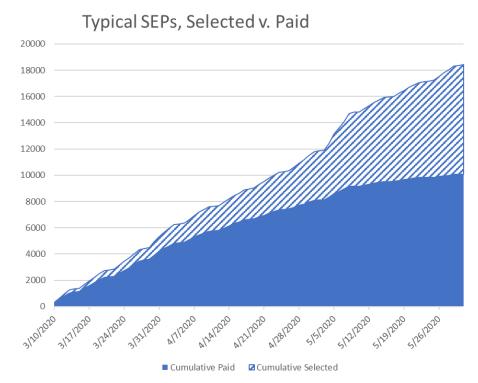
Exchange Special Enrollment Period

See gaps between:

- Those filing unemployment and sign-ups through Exchange
- Those who sign-up for QHP coverage and those who pay

Uninsured SEP, Selected v. Paid







Affordability Remains a Barrier

- QHP consumers continue to spend up to 30% of their total income on premiums
- Majority of enrollees continue to be in high-deductible plans
 - Average 2020 individual QHP deductible \$\$3,908 (average 2019 individual employer-sponsored deductible was \$1,655)
 - 55,000 families in a plan with over \$9,000 deductible
- Out of pocket maximums in 2020 are \$8150 for individual;
 \$16,300 for families
- Cost concerns impact utilization
 - 40-60% of respondents indicated skipping a medical service due to costs, across all open-enrollment surveys
 - Top two services skipped: going to doctor, medical test



Requirements of Cascade Care Bill (5526)

- 1. <u>Standard Qualified Health Plans (QHPs)</u>: Requires HBE, in consultation with HCA, OIC, and an actuary and other stakeholders, to design and implement standard QHP plans for 2021 plan year
- 2. <u>Public Option</u>: Requires HCA, in consultation with HBE, to contract with health carriers to offer state procured standard QHPs (public option plans) for 2021 plan year that have provider reimbursement rate caps and must include quality and value requirements
- 3. <u>Subsidy Study</u>: Requires HBE, in consultation with HCA and OIC, to develop and submit a plan for implementing premium subsidies through Exchange for individuals up to 500% FPL (report due Nov. 15, 2020)

Subsidy Study Requirements

- Plan to implement and fund a state premium subsidy program
- Plan must include:
 - Assessment of the impact of subsidies on the uninsured rate
 - Assessment of providing cost-sharing reductions to plan participants
 - Implementing legislation
- Subsidy scope limited to:
 - Individuals purchasing coverage on the Exchange
 - Individuals up to 500% FPL
- Affordability goal: limit participant premium spend to no more than 10% of income



Questions?

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- Website: https://www.wahealthplanfinder.org/
- Twitter: @WAPlanFinder
- Facebook.com/WAHealthPlanFinder
- Instagram: @WAPlanFinder



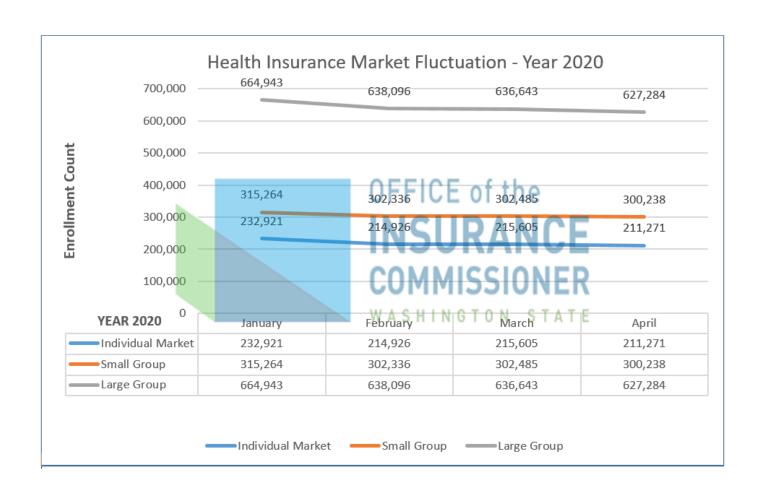


COVID-19 and Commercial Health Plans

Universal Health Care Work Group Jane Beyer, Senior Health Policy Advisor to Insurance Commissioner Mike Kreidler



Impact on commercial health plan enrollment





OIC Responses to COVID-19 Pandemic



Emergency Authority

- OIC has authority to take certain actions when the governor declares an emergency for the period declaration is in effect (<u>RCW 48.02.060</u>)
- Scope of authority:
 - Reporting requirements for claims
 - Grace periods and other duties of insureds
 - Temporarily postpone cancellations/non-renewals
 - Medical coverage to ensure access to care
- Initial duration: 60 days, with 30 day extensions



OIC Response – Health Coverage

- Since Governor Inslee's issuance of Emergency Proclamation 20-05 on February 29, with respect to health insurance, Commissioner Kreidler has:
 - Issued Emergency Orders <u>20-01</u>, <u>20-02</u>, <u>20-04</u> and <u>20-06</u>, and two sets of "<u>Frequently Asked Questions</u>"
 - Expedited insurer requests to change coverage eligibility rules for group health plans
 - Approved requests for "premium forgiveness" from carriers for group health plans (e.g. one-time premium forgiveness of 10% for United HealthCare and 15% for Premera)
- Close partnerships with HCA, DOH, HBE and the Governor's Office



Telemedicine

Modalities:

• OIC Emergency Order 20-02: Broadened methods to provide telemedicine. Telephone in addition to audio/visual modalities.

Payment parity:

- Governor's Emergency Proclamation 20-29 (March 25, 2020). Insurers
 must reimburse in-network providers at rate no less than what would
 have been paid for in-person visit. Must allow all contracted
 providers to use telemedicine services for visits.
- Extended by legislative leadership to June 17



Prescription Drugs

- Early refill during COVID-19 pandemic:
 - OIC Emergency Order 20-01 One-time refill allowed for consumers to maintain adequate supply
- Supply issues, e.g. Chloroquine
 - OIC April 7 FAQ allows carriers to place quantity prescribing limitations if concerns regarding supply



Other health issues addressed in orders

- Emergency Order 20-01:
 - No cost-sharing and pre-deductible for COVID-19 testing, respiratory panels and associated provider visit. Federal CARES Act has similar provision.
 - Prior authorization requirements suspended for any COVID-19 testing or treatment.
 - Compliance with current network access rule (WAC 284-170-200(5)).
- Emergency Order 20-06:
 - Carriers must hold consumers harmless from balance billing for COVID-19 testing.



Questions?

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Senior Health Policy Advisor

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Connect with us:

- OIC Coronavirus website: <u>insurance.wa.gov/coronavirus</u>
- Twitter: <u>@WA OIC</u>
- Website: <u>insurance.wa.gov</u>



Highlights of some response activities

What HCA's been up to



Washington State leading the way

- As the first state hit by the pandemic, Washington has led in response:
 - ► Regulatory flexibilities through emergency waivers and State Plan Amendments (SPAs)
 - > Payment strategies to reduce administrative burden
 - Provider enrollment and access to care
 - > Eligibility
 - > Telemedicine flexibilities
 - Emergency funding for providers
 - Deployment of telemedicine supports and tools
 - Coordinated market strategies to support providers
 - ► Implemented changes and flexibilities for employee coverage and workforce support



Emergency waivers and SPAs

- Blanket waivers: provider eligibility, telemedicine, provider enrollment, staffing and capacity, administrative burden
- Section 1135 emergency response waivers: long-term care, eligibility, provider enrollment, out-of-state services in care settings
- Section 1115 waivers: statewide strategies, access, Home and Community Based Services, Long-Term Services and Supports
- Section 1915 (c) Appendix K: covered services, eligibility, telemedicine, care setting, reduces administrative burden
- Disaster SPAs: eligibility and coverage, enrollment, expansion of telemedicine, payment increases and flexibility



Providing aid to health care providers

- Worked in collaboration with Medicaid Managed Care Organizations (MCOs) to support behavioral health providers
 - ► Continuing to work with MCOs to support additional providers under financial stress.
- Provided temporary direct relief to Washington's most financially stressed rural hospitals
 - ▶ \$2 million in aid to 12 rural hospitals.
- Working to support hospitals and dentists
- We have more work to do



Engagement and outreach

- Partnering with the Joint Information Center, along with other state agencies.
- Developing material and content for Washington State's Coronavirus.wa.gov website.
- ▶ Helped launch and continuing to support the Spread the Facts campaign.
- People are engaged and empowered in building a culture of health.
- Staying at home has proven effective.



Bolstering mental health supports

- Goal: make behavioral health accessible and end stigma around accessing behavioral health services.
- Increased telehealth capacity:
 - Distributed laptops and cell phones to those who did not have them.
 - Distributed Zoom licenses to enable telehealth services.
 - ► Enacted emergency rules to enable reimbursement for services that are not in-person.
- Asking MCOs to explore expanding to regions where behavioral health supports are needed.
- Statewide public education grants to address opioid use disorder, underage drinking and marijuana use, and safe storage and disposal of medications.



Stabilizing the health care system

- ▶ HCA and state agencies are continuing to bolster the health care system:
 - Monitoring provider status
 - Coordinating with Office of Financial Management and others
 - Coordinating with federal partners
- Continuing to evaluate flexibilities that are critical to maintain after official public health emergency
 - ► Thinking through system efficiencies and programmatic opportunities
- Will work to extend emergency provisions as necessary



Opportunities for Washington

- Public Option/Cascade Care development continues
 - ▶ We remain committed to exploring opportunities to boost access to affordable health care.
- Review our programs through the lens of equity and health for all
- Continue to link with partners:
 - Governor's Poverty Reduction Work Group
 - State Health Improvement Plan for 2020
- Review and work to codify regulatory flexibilities
 - ► Telemedicine as a key priority for review
- Continuing to advance value-based purchasing and:
 - ► Engaging with stakeholders to define the path forward.
 - Working to stabilize and grow primary care.
 - Working to support rural providers.



Potential considerations for the work group

Considerations for the work group

- Health equity
- Social determinants of health
- Delivery system reform
 - Data sharing and analytics
 - ► Telehealth
- Leverage federal opportunities
- Payment reform/administrative simplification





Thank you!

If you have questions or want to provide input, please contact us at:

HCAUniversalHealthCareWorkGroup@hca.wa.gov



Appendix

Helpful resources



Key resources

- HCA Information about novel coronavirus (COVID-19)
 - ► hca.wa.gov/information-about-novel-coronavirus-covid-19
- DOH 2019 Novel Coronavirus Outbreak (COVID-19)
 - doh.wa.gov/emergencies/coronavirus
- Washington State Coronavirus Response (COVID-19)
 - coronavirus.wa.gov
- State Health Improvement Plan:
 - doh.wa.gov/AboutUs/StateHealthImprovementPlan
- Governor's Poverty Reduction Work Group
 - governor.wa.gov/issues/issues/health-care-human-services/poverty-reduction-work-group



Ongoing Opportunities for Washingtonians to sign up for coverage

- Washington Apple Health is available year-round
- Ongoing special enrollment periods for those who experience:
 - Loss of coverage (including employer coverage, COBRA, or other types of minimum essential coverage)
 - A change in income that makes someone newly eligible for the federal subsidies (including people currently receiving coverage off-Exchange)
 - Marriage, birth of a child, or move within the state
 - Purchased coverage through a health sharing ministry that has received a cease and desist order from the Washington office of Insurance Commissioner for fraudulent activity.

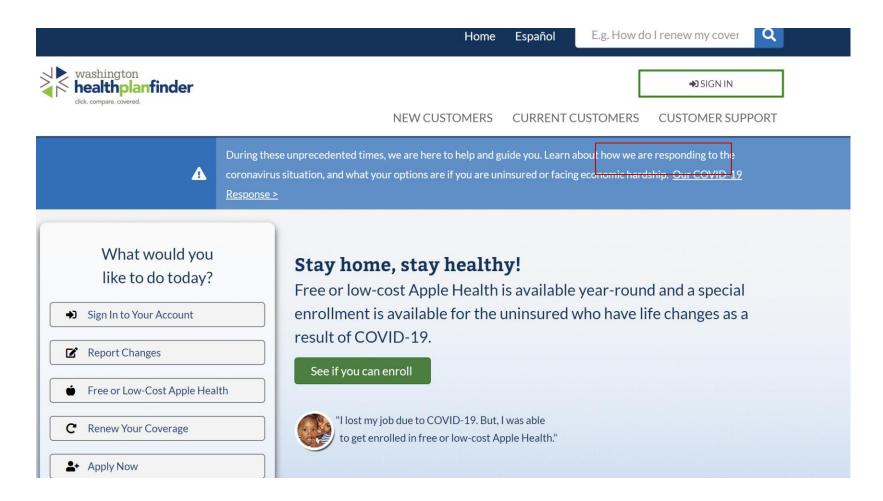
List of qualifying events is available at:

https://www.wahealthplanfinder.org/ content/there-are-two-ways-get-coverage.html

ACA Implementation in Washington State

- Washington State opted for full implementation of the Affordable Care Act (ACA)
- Adopted the ACA Medicaid Expansion
- Established the Washington Health Benefit Exchange (Exchange)
 - State-based exchange, governed by 11-member bipartisan board
 - Run Washington Healthplanfinder, which serves one in four Washingtonians
 - Single integrated online portal for both Apple Health (Medicaid/CHIP) (1.5 million) and commercial individual market (qualified health plan) coverage (200,000)
 - Must enroll through Healthplanfinder to get federal subsidies
 - Average monthly premium for subsidized consumer \$168/mo
- The Health Care Authority (HCA) administers Washington Apple Health
 programs

Official Site: https://www.wahealthplanfinder.org/ (beware of look-alike sites and advertisements)





Customer Support

- Exchange certified Navigators and Brokers can answer insurance questions and provide free help.
 - Can search for local help via the WAPlanfinder Mobile App or by visiting: https://www.wahealthplanfinder.org/content/find-expert-advice.html.
- Individuals who need help signing up for coverage through Washington Healthplanfinder may contact the Customer Support Center between 7:30 a.m. to 5:30 p.m. Monday-Friday at 1-855-923-4633; TTY: 855-627-9604.
 - Language assistance and disability accommodations are provided at no cost.

LEAD ORGANIZATION SERVICE AREAS BY COUNTY





Federal Premium Tax Credits

• Premium tax credits are available through Washington Healthplanfinder to help lower costs for those making up to 400% FPL (\$51,0000/year for single person; \$104,000/year for family of 4)

2020 Poverty Guidelines - Annual

» 48 Contiguous States and D.C.

Persons in Household	48 Contiguous States and D.C. Poverty Guidelines (Annual)							
	100%	133%	138%	150%	200%	250%	300%	400%
1	\$12,760	\$16,971	\$17,609	\$19,140	\$25,520	\$31,900	\$38,280	\$51,040
2	\$17,240	\$22,929	\$23,791	\$25,860	\$34,480	\$43,100	\$51,720	\$68,960
3	\$21,720	\$28,888	\$29,974	\$32,580	\$43,440	\$54,300	\$65,160	\$86,880
4	\$26,200	\$34,846	\$36,156	\$39,300	\$52,400	\$65,500	\$78,600	\$104,800
5	\$30,680	\$40,804	\$42,338	\$46,020	\$61,360	\$76,700	\$92,040	\$122,720
6	\$35,160	\$46,763	\$48,521	\$52,740	\$70,320	\$87,900	\$105,480	\$140,640
7	\$39,640	\$52,721	\$54,703	\$59,460	\$79,280	\$99,100	\$118,920	\$158,560
8	\$44,120	\$58,680	\$60,886	\$66,180	\$88,240	\$110,300	\$132,360	\$176,480
Add \$4,480 for each person over 8								



Sponsorship Program

- The Exchange runs a sponsorship program, which enables sponsorship entities (non-profits, tribes, agencies, foundations, etc.) to provide support for premiums and/or out-of-pocket costs to individuals enrolled in qualified health plans through Washington Healthplanfinder
- Sponsorship entities choose who to cover and the level of coverage
- Current sponsors include: Evergreen Health Insurance Program (EHIP); the Health Care Authority (COFA islander program); Pierce County Project Access; Project Access Northwest; Several tribes and tribal organizations
- The Exchange facilitates communication and payment between the sponsorship entity and health insurance carriers
- Sponsorship programs can be temporary (for limited duration) or ongoing
- More information available at: https://www.wahbexchange.org/partners/sponsors/

